

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10683139

FILING DATE

14 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
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36	/					
37	/					
38	/		/			
39				/		
40				/		
41				/		
42			/			
43			/			
44			/			
45				/		
46				/		
47				/		
48				/		
49			/			
50			/	/		
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	27	←	25	←		←
TOTAL CLAIMS	39		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54			/			
55				/		
56				/		
57				/		
58			/			
59			/			
60			/			
61				(1)		
62				/		
63				/		
64				/		
65			/			
66				/		
67				/		
68				/		
69				/		
70			/			
71				/		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						